



# The Journal

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October 30, 2014

## Medical Center, Clinic Conduct Ebola Exercise

# Complex Endeavor Went Well, Officials Say

**By Sharon Renee Taylor**  
WRNMMC Public Affairs  
staff writer

Walter Reed Bethesda and Andrew Rader U.S. Army Health Clinic staffers participated in a medical readiness exercise Oct. 24 to test the preparedness and response to a patient presenting with suspected Ebola Virus Disease (EVD).

Emergency and incident officials at Walter Reed National Military Medical Center (WRNMMC) who led the exercise that began at Joint Base Myer-Henderson Hall, Va., called the aligned efforts with the Army Office of the Surgeon General, the Old Guard and Arlington County, Va. emergency management services an overall success. The exercise was a culmination of education, preparation and discipline in the fight to contain what has been cited as the largest Ebola outbreak in recorded history.

"The goal for our facility was to test our current plans and procedures for accepting a patient — in this case it was a planned consult and ambulance transfer of a patient with suspected Ebola Virus disease — that was our overall goal," explained Chris Gillette, Walter Reed Bethesda's emergency manager. "This exercise was a success because we got the key players together," he said about the third official drill at the medical center since August when planning for the effort first began. The facility has continued to train with a number of unofficial walk-throughs and practice sessions.

Subject matter expert evaluators like Angela Michelin, an infection control consultant in hospital epidemiology at the National Institutes of Health,



Photo by Sharon Renee Taylor

**Sarah Krajnik, a registered nurse in the Simulation Department and observer in the Oct. 24 Ebola Virus Disease exercise at Walter Reed Bethesda, watches as Navy Hospitalman Sedrick Watkins, a corpsman in the Emergency Department, assists Navy Lt. j.g. Brent Pavell, a registered nurse, in removing his personal protective equipment during the medical readiness exercise.**

joined experts from the Army Office of the Surgeon General for Biodefense, Uniformed Services University, along with authorities in critical care, infectious disease and other areas to observe the staff's execution of plans and procedures as well as identify areas for improvement.

"Anytime you can bring the key players together in order to rehearse plans, you're not only going to see clear evidence of training and education, you're also going to see some things

that you might have missed," said Gillette, who explained that multiple experts "have to be engaged daily because there are so many moving parts to tying our plans and processes together."

The colleagues who worked with Gillette in the planning of the exercise, agreed.

"It's absolutely true," said Dr. Margan Zajdowicz, a retired Navy Medical Corps captain who serves as incident commander for the Ebola planning team and as the

public health emergency officer for Naval Support Activity Bethesda.

"This is an incredibly complex endeavor and we've been planning from the very beginning, since August, but it has gotten evermore complex and so we rely on many, many experts in getting this right, and that includes infection control, infectious disease, emergency management, clinical medicine, legal, logistics, housekeeping — almost every part in the hospi-

tal is involved in the planning for this," explained Zajdowicz.

Melissa Knapp, program manager for Emergency Management Plans, Training and Exercises at WRNMMC, explained a small group of nurses and physicians will provide direct care to patients who may be exposed to the Ebola Virus Disease. Continuous training and attention to detail about

See **EBOLA** page 8



# Director's Corner



In keeping with our vision of a world class patient centered healthcare system, our market business plan initiatives are focused on four areas:

- Implement and Sustain Patient Safety and Quality Measures
- Implement Standardized Referral Management Processes
- Improve Population Health through Implementation of Primary Care Medical Homes
- Optimize Surgical and Operating Room Utilization

The goal of these initiatives is to provide the best care to our very deserving military members and their families. That is our bottom line.

We are making progress on all of these initiatives, and it is gratifying and very encouraging to be able to work with the stellar leaders and staffs at our market Military Treatment Facilities (MTFs) to accomplish these actions and position ourselves to provide even better health care to our patients.

Enhanced patient safety and quality measures are paramount to quality patient care. I am relying on you, our patients, to make sure we are hitting the mark with these initiatives. Quality is not only how well we are performing to meet and/or exceed national standards, but how it is defined by our patients as well. In this regard, we need to understand what makes health care important and valuable to you. Our goal is to provide open and transparent dialogue with you so that we can continue to improve our healthcare system.

Standardizing our referral management process will enhance the ability for our patients to obtain specialty care consultation and treatment within our market system in a responsive and time-

ly manner. We are striving to meet your specialty care needs, where you need it, when you need it.

The Patient-Centered Medical Home (PCMH) is our primary care access point into our healthcare system. This initiative involves understanding where our patients are located, and making sure our PCMH teams are there, prepared to provide the best organized and coordinated care supported by resources for self-care management. Our goal with PCMH is to deliver continuous, accessible, high-quality, patient-oriented primary care, virtually through Relay Health or in person when necessary.

Our fourth initiative supports our surgical specialties to ensure we optimize use and availability of our main operating rooms. Working with our market MTFs that provide operative services, our goal is to ensure you can receive operative care where it best serves your medical and personal needs while ensuring we capitalize on the outstanding centers of excellence within Walter Reed National Military Medical Center and Fort Belvoir Community Hospital.

We have the highest engagement and commitment of our market MTF leadership to ensure our initiatives come to fruition. We are already beginning to see improvements in many areas. Most importantly, I encourage you to become partners with us in achieving our goals — partners in your care and advancing the attributes of our world class healthcare system.

Thank you for your service and support,

**Rear Adm. Raquel Bono**  
**Director, National Capital Region**  
**Medical Directorate**

## Bethesda Notebook

### Disability Awareness Month Event

The Walter Reed Bethesda Multi-Cultural Committee will host a Disability Awareness Month event today at 11 a.m. in Building 62. The event will include music, employers recognized as “disability-friendly,” and representatives of the Ride to Recovery program. For more information, call Hospital Corpsman 2nd Class Jose Martinez at 301-295-0381.

### Daylight Saving Time Ends

Daylight Saving Time ends at 2 a.m. on Sunday. Remember to set your clocks back one hour and refresh the batteries in your smoke and carbon monoxide detectors.

### Lung Cancer Awareness Month

The John P. Murtha Cancer Center of Excellence at Walter Reed Bethesda will host two events in observance of Lung Cancer Awareness Month. The first event, Lung Cancer Screening Day, is Wednesday from 11 a.m. to 2 p.m. in the Building 9 center mezzanine. It will include information tables and guest speakers. The second event, the Annual Lung Cancer Summit (registration required), is scheduled for Nov. 14 from 8 a.m. to 3:45 p.m. in the National Intrepid Center of Excellence Building, first floor auditorium. For more information, call William Mahr at 301-400-1492

### Staff Talent Show

The next Walter Reed Bethesda staff talent show is scheduled for Nov. 19 from 11:30 a.m. to 12:30 p.m. in the lobby of the America Building. Potential participants should reserve their space on stage by Wednesday. Trophies will be awarded to the 1st, 2nd and 3rd place winners. Refreshments will be served. For more information, contact Vivian Murga at 301-295-651 or at [Vivian.murga.ctr@mail.mil](mailto:Vivian.murga.ctr@mail.mil), or Donna O'Neill at 301-400-0584 or at [donna.j.oneill9.ctr@mail.mil](mailto:donna.j.oneill9.ctr@mail.mil).

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# NSAB Leading the Way for Energy Conservation

**By Mass Communication Specialist 2nd Class Brandon Williams-Church**  
NSAB Public Affairs staff writer

Naval Support Activity Bethesda (NSAB) is leading the way for energy conservation in the 21st century.

At the Oct. 21 NSAB Energy Awareness Quarter event, the base received its second Maryland Governor's Citation, awarded to innovative and successful energy programs in the state. In a letter from Gov. Martin O'Malley, NSAB was again recognized for its forward-thinking projects.

"Be it known that on behalf of the citizens of this State, in recognition of the exemplary work in energy initiatives and leadership that has been demonstrated on behalf of the Naval Support Activity energy efficiency program goals related to energy within the public and private sectors, and in honor of the 2014 Naval Support Activity Bethesda Energy Awareness Educational programming event; ... our citizens join in expressing our gratitude, admiration and sincere congratulations for a rewarding and successful program ..."

NSAB was also awarded the Secretary of the Navy 2014 Gold Award for Energy, further proof of the base's exemplary efforts in energy initiatives and conservation.

NSAB Commanding Officer Capt. (Dr.) David A. Bitonti thanked Installation Energy Manager William Ortega-Ortiz and Public Works Officer, Cmdr.



Photo by Mass Communication Specialist 2nd Class Brandon Williams-Church

**Naval Support Activity Bethesda (NSAB) Commanding Officer Capt. David A. Bitonti accepts the Governor's Citation for energy awareness from Maryland Energy Administration Director Abigail Ross Hopper during the NSAB Energy Awareness Quarter event Oct. 21.**

Joe Stavish and his staff for, "their relentless efforts in the year-round planning and implementing of energy initiatives that have kept Naval Support Activity Bethesda ahead of the Navy's energy goals. This has resulted in reducing our energy footprint on the in-

stallation every year for the past five years," Bitonti said.

"Their efforts really make a difference and help us be responsible with our energy consumption. It's critically important that we continue to work together and join forces not only at the installation level, but we

must continue our efforts with the state of Maryland and our local industry and utility partners," Bitonti emphasized.

"We have a number of initiatives currently underway that will increase our efficiency, utilize alternative fuels and sources and upgrade our facilities so that we can be more energy conscious, wise and efficient here on the installation."

Another highlight of the event was key note speaker Abigail Ross Hopper, director of the Maryland Energy Administration. Hopper used the Naval District Washington Energy Pillars, which are the region's energy strategy focused on conservation, leadership and behavioral change, to discuss similar focuses and strategies that the Maryland Energy Program is taking on in comparison to NSAB, saying the base sets the business model for energy conservation. "The work that you do here has huge implications not only for your bottom line, but for [Maryland] and the country as a whole," Hopper said.

After the quarter event, representatives from all major commands onboard NSAB took part in an Energy Conservation Board roundtable brief, led by Ortega-Ortiz. The brief covered topics including utilities, energy program objectives and goals as well as energy project developments for the base.

"Energy conservation is not a one person, one office or one command job for the base, but a joint effort for everyone," Ortega-Ortiz said. "All of the commands are mission energy partners. Energy is more than Public Works and Facilities, so we take an all hands approach to energy and water efficiency within our installation."

# Stages of Healing: A Spiritual Journey

**By Mass Communication Specialist 2nd Class Chris Krucke**  
WRNMMC Public Affairs staff writer

"I'm going to tell you a story; Africa's story; America's story; A universal story; Mankind's story..."

These words made up the opening monologue of Dr. Robert L. Jefferson's, "A Spiritual Journey, Songs and Spirituals from Slavery to Emancipation," which is a musical performance that includes songs and narrations tracing the history of the African American from pre-slavery through emancipation.

Jefferson performed on Oct. 15 as part of this month's installment of the Walter Reed Bethesda's "Stages of Healing" offerings at the medical center.

The audience first heard his deep booming voice from behind the stage, followed by a tribal beat, as Jefferson rhythmically stomped his way on stage singing Babethandaza, a traditional Zulu song, which was his opening for his performance.

"It's an African [way of performing], to use your body as a drum for the rhythm," said Jefferson, who has performed with such notable organizations as the Houston Grand Opera, the United States Air Force Pacific Air Command Ensemble in Tokyo, Japan, as well as the Soldiers' Chorus of The United States Army Field Band, Washington, DC.

According to Jefferson, the purpose of his performance is to bring Americans together and "to show Americans we are one world, one people, united. Our music unites us and this is our music that goes across different countries. We are ambassadors of American music. We are one people, not divided into races. We are all Americans."

During his performance, Jefferson presented his renditions of Negro spirituals, such as H. T. Burleigh's 1917, "Deep River" and Moses Hogan's 1927, "He's Got the Whole World in His Hands" and "Give Me Jesus."

Jefferson also performed eight original songs.

"It was excellent and totally different. I didn't expect it to be that elegant,"

said Terry Thompson, who works in Department of Logistics.

Thompson continued, "His voice was awesome and it echoed of slavery. It was a great experience and it was healing for an African American."

"Being a black American, I could relate and I felt what he was saying," Thompson added. "I think it's very important in a diverse work place that we do more of this so we can understand and relate to one another and have more respect."

James Miller, a supply technician, in the Department of Logistics, said "It helped me. It calmed me down and I feel more relaxed and we want to see him back."

"He really hit home with the music about slavery," said Miller. "He really articulated what African people went through. I really enjoyed it."

What Jefferson said he gets most out of his performances, is noticing afterwards, that "it doesn't matter their ethnic background, people say, 'I can relate to this. I can understand personally how this affects me because I feel like I am connected.'"

Jefferson said, "Actually, this is American music, it's our music. It doesn't matter if you are Irish American or African American, this is our music, American music about our spirituals, developed here in America just like jazz and just like country."

Jefferson started playing when he was 7 years old, he explained. His mother would take him to churches to play for events throughout the Arizona National Baptist Convention. "They called me a child prodigy," he said.

He eventually started teaching private piano at age 14, and has been teaching or playing music for over 40 years. Jefferson said he has been fortunate to be involved in music his entire life.

Jefferson said, "With the things that are going on around the world in the news it kind of shows that we are a very small world here and we are all connected. That is what this show is about. It's our spiritual journey of man kind's story."

For more information about Walter Reed Bethesda's Stages of Healing program, call Lt. Cmdr. Micah Sickel at 301-294-2492.



# Military Medical Students Learn to Care for Combat Injured

By Sarah Marshall  
WRNMMC Public Affairs  
staff writer

Approximately 170 medical students from the Uniformed Services University of the Health Sciences (USU) recently experienced the demands of caring for patients in a simulated combat environment, complete with mock explosions, operational problems, reality-based missions and numerous casualties.

The fourth-year medical students journeyed to Fort Indiantown Gap, Pa., this month to participate in a field training exercise known as "Operation Bushmaster." Graduate School of Nursing students also participated, along with several international military medical officers from Mexico, the United Kingdom, Israel, and Japan, according to Navy Cmdr. (Dr.) James Palma, an assistant professor of Military and Emergency Medicine at USU.

The goal is to prepare students for their first operational assignment when they graduate from medical school,



Photo by Sarah E. Marshall

**Fourth-year medical students work on a high-fidelity "patient," presumed to be undergoing diabetic ketoacidosis, when the body has no insulin. The training was part of "Operation Bushmaster," a field training exercise conducted at Fort Indiantown Gap, Pa.**

Palma explained. They might complete a one-year internship and then immediately deploy, or they might go straight into a residency and not deploy for another three or four years, he said. "Our goal is that they are well prepared for their first operational assignment, and that

they're going to be life-long leaders in our military health-care system," he stated.

Prior to "Operation Bushmaster," the students go through a two-week Military Contingency Medicine course, during which they are presented operational problems and

receive pre-deployment training, just as they would in real life prior to a deployment, Palma explained. This classroom phase includes lectures and is focused on team building. They become a cohesive unit as they prepare to deploy to a fictional country facing challenges from rebel forces, he continued.

The students were divided into two groups. The groups were sent, sequentially, to spend four days at Fort Indiantown Gap, a large National Guard base nestled in the mountains just north of Hershey, Pa. There, students were assigned to one of four platoons – all undergoing identical scenarios, planning and executing missions, while simultaneously caring for a variety of casualties, ranging in severity from fatigue to gunshot wounds. During the course of the exercise, there were nearly 1,000 encounters with "patients" in total, Palma said.

While patient care is a large part of their training, leadership, communication skills, and logistics are also just as important, Palma continued. If you're unable to obtain the necessary

supplies or manage logistics, then you're not going to be effective, he explained.

Students were assigned various roles during the exercise, such as patient administrator, triage officer, medical logistics, or litter bearers transporting "patients." They frequently rotated positions, allowing every student to practice each role, Palma said. The students were also graded on how well they performed key positions, including platoon leader, ambulance team leader, surgeon, and combat stress control officer. They were graded on a number of factors, such as communication and leadership skills, as they were observed by more than 60 faculty members from USU, as well as from across the country.

Dr. Art Kellermann, dean of the F. Edward Hébert School of Medicine of USU, noted while the exercise is focused on leadership and enhancing their patient care skills, students are also interacting with local "host-nation" citizens, practicing cultural sensitivity, and

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# Walter Reed Bethesda Hosts Ebola Town Halls

## Medical Center Officials Answer Questions Regarding Preparations, Precautions

**By Bernard S. Little**  
WRNMMC Public  
Affairs staff writer

Walter Reed Bethesda officials hosted three town halls for staff members last week, discussing preparation the medical center has made to respond should the hospital receive patients suspected of having the Ebola Virus Disease (EVD).

Navy Capt. Sarah Martin, WRNMMC chief of staff, said the town halls were held to give personnel "information about what we know about Ebola at this point and time; what our responsibility will be as a facility here at Walter Reed National Military Medical Center (WRNMMC); and to let [staff members] know we will continue to have updates as we move forward, or if there are changes in practices and protocols, as we have those."

She added staff training will be continuous, and the medical center is being "diligent to make sure our processes are very secure so our staff and patients are safe."

"Above all, stay calm," said retired Navy Capt. (Dr.) Margan Zajdowicz, incident commander at WRNMMC for EVD preparedness operations. She said the medical center has been preparing since August to possibly receive persons suspected of having EVD. She briefed staff and answered questions during the town hall along with a panel of experts from the medical center, including the staff judge advocate, public affairs officer, medical intensive care unit (MICU) service chief, infectious disease chief and program manager for emergency management plans.

"Without direct contact, you can't get Ebola," Zajdowicz said, explaining the "small" likelihood of anyone on the WRNMMC staff contracting EVD. "If a person has no symptoms, he or she can't transmit Ebola," she continued.



Photo by Bernard S. Little

**Retired Navy Capt. (Dr.) Margan Zajdowicz, incident commander at Walter Reed Bethesda for Ebola Virus Disease (EVD) for preparedness operations discusses the medical center's preparations should a patient present with possible EVD, during a town hall Oct. 22.**

"Transmission occurs with contact with blood and other body fluids (breast milk, sweat, urine, vomit, feces, semen and saliva) contaminated with EVD," Zajdowicz continued. "If one has contact with sharp objects contaminated with those body fluids, one can be at risk for the disease. In addition, if one has broken skin, or one splashes some of these body fluids on unprotected mucous membranes, that constitutes a mode of transmission."

Airborne transmission of EVD has not been shown by current scientific data, Zajdowicz explained. She added it is possible for EVD to become airborne with intense aerosol exposure such as aerosol generating procedures, such as bronchoscopy, intubation, ventilation [and] suction.

"It is important to know also, although the Ebola virus replicates itself very readily, it is not a very hardy virus," the doctor said. "It is killed easily. It is an envelope virus, and the envelope is easily disrupted by ordinary hospital disinfectant and bleach," Zajdowicz said.

The Ebola virus survives on dry surfaces for several hours and in body fluids up for up to several days at room temperature, Zajdowicz stated.

Signs and symptoms of EVD include fever; severe headache; muscle pain;

weakness; diarrhea; vomiting; abdominal pain; and unexplained bleeding. Zajdowicz said the symptoms may appear between two to 21 days after exposure, but on

average, eight to 10 days are when symptoms generally begin to appear.

"Recovery depends on good supportive clinical care, and how quickly the patient is able to mount

an immune response," Zajdowicz continued.

Discussing WRNMMC Ebola preparedness and mission, Zajdowicz said the medical center is a major referral center and needs to be ready to receive possible EVD patients. She added WRNMMC will be a focus for service members who return from providing assistance in West Africa as part of Operation United Assistance. "Although the vast majority of those troops will not be involved in direct patient care as far as we are aware, and certainly major precautions will be taken of them, it's conceivable that there will be some exposure and we will be asked to receive such patients, and we have to be ready to receive them."

Dr. Jonathan Woodson, assistant secretary of defense for health affairs, said defense department health affairs is doing everything it can to protect troops deployed to West Africa from being exposed to Ebola. "They will have personal protective equipment (PPE) and be trained in how to use it, don it, and take it off [safely]. There will be supervisors, battle buddies who will be watching out for these exposures, and I think we can minimize any chance of exposure and risk with that strategy."

Zajdowicz said should WRNMMC receive a patient with possible EVD, the number of staff members who will have contact and provide care to

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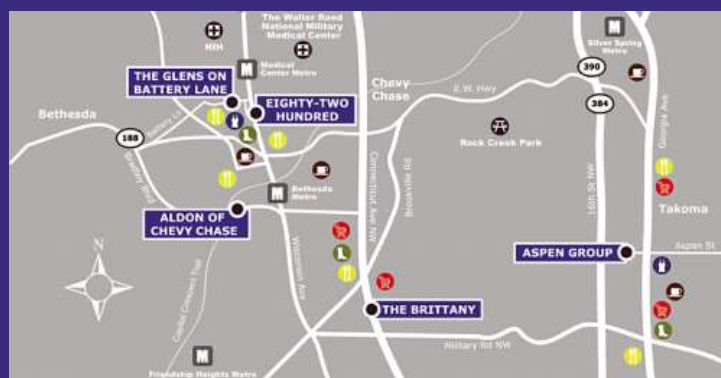
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# Little Ghouls, Goblins Have Scary Good Time at MWR Spooktacular Brunch

**By Ron Inman**  
NSAB Public  
Affairs Office

Brave girls and boys entered the haunted crypt that was the Warrior Café for Naval Support Activity Bethesda's (NSAB) Morale, Welfare and Recreation (MWR) Spooktacular Brunch, Oct. 25.

After passing through the portal which was inhabited by spooky ghosts and a witch with glowing eyes, the brave little souls dressed as everything from a butterfly to an Oktoberfest zombie hunter to Captain America, found friendly volunteers from Operation C.H.A.M.P.S., a trio of happy clowns who did amazing things with balloons for them, and MWR staff who welcomed the adventurous kids to a fun time and even some candy.

A total of 120 adults and 60 children attended the event, including active duty military personnel, wounded warriors, family members and volunteers.

Operation C.H.A.M.P.S. (Child Heroes Attached to Military Personnel) representative Debbie Fink explained that the dozen or so C.H.A.M.P.S. volunteers who came to the brunch to talk

play games and wear their own costumes while having fun with the younger kids - were all student volunteers from Winston S. Churchill and Thomas Sprigg Wootton High Schools.

According to the organization's website, Operation C.H.A.M.P.S. engages civilian communities in giving back to military and veteran families. Operation C.H.A.M.P.S. is devoted to supporting families at local military installations and from the surrounding military communities through volunteerism; providing social services; and developing awareness and cultural understanding in order to bridge the gap between the military and civilian worlds.

"We've been out here (to NSAB) for several events, and it's a wonderful time," Fink said. "The volunteers for Operation C.H.A.M.P.S. receive basic training so that they understand military culture; for many of them it's their first exposure to the military."

Judging by the squeals of delight, laughter and the smiles on the faces of ninjas, fairies, robots and other assorted characters, the brunch was a 'spooktacular' success.



**Carla Zimmerman and her daughter Mallory, 3, pose for a picture during the Spooktacular Brunch Oct. 25.**



**Air Force Capt. Peter Yarney and his son Matthew, 6, pose for a picture during the Spooktacular Brunch Oct. 25.**



Photos by Ron Inman

**Volunteers for Operation C.H.A.M.P.S. pose for a picture in the Warrior Café.**



**Pumpkins were carved in frighteningly original ways for the brunch.**



**Clown Judy makes balloon animals for children in attendance at the Spooktacular Brunch Oct. 25.**



# WRB Celebrates Diwali 'Festival of Lights'

By Mass Communication  
Specialist 2nd Class  
Chris Krucke  
WRNMMC Public Affairs  
staff writer

More than just a Festival of Lights, it was a festival of cultures as hundreds of service members, civilian employees, friends and families attended the annual Walter Reed Bethesda Diwali celebration on Oct. 17 at Walter Reed National Military Medical Center.

The celebration, held in the Memorial Hall, included dancing, singing, food and musical performances.

Diwali, also called the Festival of Lights, is the largest and most celebrated national holiday in India, Nepal, Sri Lanka, Myanmar, Mauritius, Guyana, Trinidad and Tobago, Suriname, Malaysia, Singapore and Fiji.

Army Maj. Anantha K. Mallia, director of the Medical Intensive Care Unit, gave the opening "Puja" or invocation prayer at the Diwali. In Hindu culture, all important events begin with the Puja in honor of Ganesha, deity in the Hindu pantheon known as the remover of obstacles.

According to Mallia, the Puja's intent is to praise and



Photo by Mass Communications Specialist 2nd Class Christopher Krucke

**Children perform a traditional Bollywood dance during the annual Walter Reed Bethesda, "Diwali: Festival of Lights," celebration on Oct. 17. Diwali is the biggest and most celebrated holiday in Hinduism and signifies the triumph of light (good) over darkness (evil).**

glorify God, ask God to sanctify the proceedings of the event and bless those in attendance.

Mallia explained the word Diwali is actually a short form of the Sanskrit word "Deep-

avali," which literally means "row of lights." To celebrate the Diwali, many people decorate

their homes, yards and streets with rows of oil lamps.

"The central significance of Diwali is light," said Mallia. "Diwali is a celebration of the victory of good (light) over evil (darkness), truth over falsehood, and love over hate." He also said that it is a celebration of "our inner light — that eternal soul that is within us all, which is the source of knowledge, love, compassion and right action."

After the Puja, the audience was treated to traditional Hindi devotional songs, music and dance, as well as Bollywood dancing. The performances were followed by a traditional Indian lunch of rice, curries and samosas.

Mallia shared that as a kid, his family would always go to their local temple in Chicago to celebrate Diwali, where they would enjoy the occasion with thousands of other Hindu families.

"People would be dressed up in their most colorful Indian clothes," Mallia said. "There would be solemn religious rituals, followed by lively music, spicy food and way too many sweets. This year is our first Diwali as parents and we cel-

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## A Global Impact: WRNMMC Collaborates with Estonians

By Sarah Marshall  
WRNMMC Public Affairs  
staff writer

For the last several years, Walter Reed Bethesda has been working closely with Estonians, as they developed a new amputee treatment facility, which will support the country's military members injured in conflict and citizens in need of prosthetic care.

In 2011, Estonia's East Tallinn Central Hospital and United States European Command (USEUCOM) asked Walter Reed National Military Medical Center (WRNMMC) personnel to impart their expertise. At the time, the Estonians were in the planning stages of renovating their hospital in Tallinn, on the northern coast of Estonia, with hopes of turning it into a facility capable of supporting amputee care for their wounded service members as well as their civilians. The facility would be known as the Advanced Amputee Patient Care

Center. WRNMMC obliged, sending a team to help plan for the center's development and make recommendations on equipment and room plans, made possible via a shared agreement through USEUCOM and Estonia.

Estonia again called on Walter Reed Bethesda's subject matter experts in 2013, to provide additional training for their providers who will be working at the new center. Through the shared agreement, and funded by the Estonian government, two Estonian prosthetists — one with physical therapy training and one, an active duty soldier injured in Afghanistan, were trained by Walter Reed Bethesda providers for several months, enhancing their ability to assess patient needs, design, fabricate and fit prostheses for lower extremity amputees. In July, the Estonians opened the doors to their new facility.

Recognizing this herculean collaboration between the two nations, Estonia's Minister of

the Interior, the Honorable Hanno Pevkur, visited Walter Reed Bethesda on Oct. 16.

"It has been a long journey," Pevkur said. "It's a perfect example of good cooperation between Estonia and the United States ... it's amazing to see."

He added it's important to keep in mind what the two nations have achieved together, developing this center that will also assist surrounding countries in conflict.

"We'll remember all of these good years and good efforts to have such a center as we have today. Thank you very much," Pevkur said, as he presented a plaque to Walter Reed Bethesda prosthetists.

Dr. Chuck Scoville, chief of Rehabilitation at WRNMMC, was among those who initially visited Estonia to view the facility in 2011, helping those establishing the facility to move

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Photo by Sarah E. Marshall

**Dave Laufer, chief of Prosthetics and Orthotics, far left, explains developments in prosthetics, to the Embassy of Estonia's Minister of the Interior, the Honorable Hanno Pevkur, center, and Ambassador Eerik Marmei. The Estonians visited Walter Reed Bethesda Oct. 16, expressing their gratitude for Walter Reed Bethesda's support in the development of a new amputee care center on the north coast of Estonia. During their visit, the Estonians toured the Military Advanced Training Center, prosthetics lab and occupational therapy.**



# Naval Support Activity Bethesda Security Team Performs Active Shooter Drill Oct. 27

Naval Support Activity Bethesda Security personnel held an active shooter drill Oct. 27 in order to practice their skills and response in the event a hostile active shooter incident should occur on the installation.

An active shooter drill helps both non-emergency service (civilian) and emergency service personnel understand their roles.

Civilian personnel are trained and reminded to follow these three functions: run, hide or fight.

"Run when it is safe to do so," explained Naval Support Activity Bethesda (NSAB) Security's Master-at-Arms 2nd Class Steve Lane, NSAB Assistant Training Petty Officer.

"Find shelter in a place to hide until the threat has been eliminated.

"Fighting is a last resort. If you do fight, commit to that decision because that could [make the difference between] you living or not living through that incident," Lane emphasized.

He went on to explain that



Photo by Mass Communication Specialist Ashante Hammons

**Master-at-Arms 2nd Class Robert Baker clears the passageway during an active shooter drill at Naval Support Activity Bethesda Oct. 27.**

active shooter training is designed to provide real-world practice for emergency first responders. This enables them to establish a timely response to an emergency, as well as testing evacuation procedures, medical assistance and the apprehension of suspects. Evaluation of tactical movements and

communication skills between the multiple agencies that assist is also an integral part of the drill.

For more information about what can be done during an active shooter, visit the Department of Homeland Security website at <http://www.dhs.gov/active-shooter-preparedness>.

## EBOLA

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donning and especially doffing (removing) their personal protective equipment, after treating a patient, will continue to be a focus according to Knapp, who noted that EVD is only transmitted by a person who is sick with a fever and symptoms of the illness — contracted through direct contact with patient bodily fluids.

"[Doffing] is the most critical stage to protect the health care workers," she said, "to make sure they don't contaminate themselves with any bodily fluids that have Ebola Virus Disease."

Gillette added that ensuring staff are in the appropriate level of protective equipment for their safety while at the same time providing superb care to the patient, is the mission.

"There are many pieces [to the effort] and we have multiple subject matter experts that have developed a series of standard operating procedures. This exercise was really taking those various plans and policies they've been



Photo by Sharon Renee Taylor

**Navy Lt. j.g. Brent Pavell provides care to a mock patient during an Ebola exercise on Oct. 24.**

working on and seeing all that gelled together," he said.

It's definitely a team effort, according to Gillette, who explained those experts meet daily, "to make sure that everyone takes their own individual processes and put them into the entire, consolidated plan — so we're all reading from the same sheet of music."

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The collage features several promotional elements for the Combined Federal Campaign (CFC):

- A screenshot of the [dcmilitary.com](http://dcmilitary.com) website showing various links and a search bar.
- A poster for Post Pentagon Row Apartment Homes in Arlington, VA, located two stops from the District of Columbia Metro Station.
- A testimonial from Army veteran Christy Gardner, who says, "Without the support of DAV, we may not have a team. I love the opportunity to be part of a unit again." She is associated with the USA Warriors Hockey Team.
- The logo for the VFW Foundation, which provides support for urgently-needed programs and services to veterans, military service personnel and their families.
- A puzzle for the Lupus Foundation of America's Combined Federal Campaign (CFC) #10566, which aims to make a difference in solving the cruel mystery that is lupus.
- The WWIA #94512 logo, which encourages filling out a CFC Card.



# CARE

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expanding their problem-solving abilities while handling complex issues of their unit's wellness.

"All of this is wrapped into an incredibly challenging series of unfolding scenarios," Kellermann said. "They are constantly being thrown problems. They have to adapt and learn to work with one another in a variety of ways and a variety of combinations."

As the exercise progressed, they "upped the ante," until the fourth and final day, Kellermann said. Their training was then culminated with the large mass casualty exercise and, he added, "We try to make it as realistic as we can. We don't pull punches."

On the final day, the platoons, with about 24 students each, responded to a simulated mass casualty. They were informed the fictional country's rebel force leader was identified, and started a last effort to take over the country's government, Palma explained. As they responded, they heard loud rapid gunfire, screaming and explosions booming from a speaker. Smoke billowed from the woods, where casualties were coming from left and right.

"You think you know what you're going to walk into, but the sheer magnitude, the sights ... it's a shock to the senses," said Army 2nd Lt. Rowan Sheldon, a fourth-year medical student in the 2nd Platoon. "You have to take a step back and say, this is my plan, this is what I have to do, and execute the plan."

Playing the role of a surgeon during the mass casualty, Sheldon said his platoon worked to find balance. Those dedicated to providing immediate care did just that, while others remained focused on setting up the triage and treatment areas.

"Within the chaos of the environment, we had to create order. It was difficult and very realistic," Sheldon said.

Overall, their experience throughout the training was both challenging and rewarding, he said.

"Every single person out there now is better than they were four days

ago," he added. "It was the most realistic training I've ever done."

Navy Ensign Tony Romero agreed, adding that even though it was simulated, it was still very stressful. During the mass casualty, playing the role of a medic in the 2nd Platoon, he walked by people who clearly needed help. Though he wanted to delay his assigned tasks to stop and help, he reminded himself his job was just as vital to meeting the mission — saving as many lives as possible.

Romero said he appreciated the feedback, while being graded on his performance. "The [faculty] are there to help you, and helping make you better will help the entire system," he added.

He also noted everyone looked out for each other's well-being, ensuring they had taken time to eat and were not over-exerting themselves, an important aspect of avoiding combat stress.

"It's incredibly stressful for them," said Navy Ensign Meghan Quinn. She was among the many first-year students at the exercise, there to help play the role of casualties.

During the mass casualty, Quinn acted as though she was exposed to an Improvised Explosive Device blast, unable to hear and very confused. She said she tried to make it difficult for them to treat her by stumbling around. She enjoyed watching how they responded, and to "see them really respond to you as a person and as a patient."

The training also gave Quinn a firsthand look at the difficult training she will go through in just a few years, when she returns for the exercise as a fourth-year student, she said. She recognized the importance of the training, she added, as it tests you in ways you're not able to be tested in a classroom. She also said it's important to train in this environment, since they will not always be providing care in a hospital.

After the exercise, students returned to their clinical rotations across the country, including at Walter Reed Bethesda.

wali, which is one of the most important Hindu festivals, has a hugely positive impact on morale and consequentially, force readiness."

"I really enjoyed the celebration [and] felt very welcome. The performance was very pleasant to watch, very colorful and different," said David Hollowood, SharePoint Developer/Administrator, Facilities Management Department at Walter Reed Bethesda.

Hollowood said he thinks events like the Diwali celebration are good for morale. "It lets us celebrate as a community the diversity in our ranks. It makes me proud to be a part of our culture. We can be proud of our heritage, celebrate our differences and know that as Americans that we are all part of something greater."

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# DIWALI

Continued from pg. 7

celebrated it in much the same way with our daughter."

Mallia added that all of our armed services recognize the "free exercise of religion and spirituality is essential for maintaining the strength of the warrior — that is spiritual well-being, is a force multiplier."

He also said that a huge part of religious practice is the celebration of important religious holidays. "And, certainly, having an official venue in which Hindu Soldiers, Marines, Sailors, Airmen and Civilians can celebrate Di-



GLOBAL

Continued from pg. 7

forward, and discuss how they and those at WRNMMC will work together to improve their capabilities.

“We’ve had great cooperation,” Scoville said. “We look forward to this relationship.”

Scoville explained WRNMMC and the Estonians will continue to share knowledge with one another in the future, as advances are made in the field of amputee treatment, to help improve care for all – military and civilians.

Dave Laufer, director of Prosthetics and Orthotics at WRNMMC, echoed the same sentiment, adding,

“The experience was beneficial to both sides.”

It’s helpful to instruct others in the field, to be able to see the process from their eyes, Laufer explained. Having attended the opening of the Estonian’s new center, Laufer was impressed by the capabilities it has to offer, many of which mirror those at WRNMMC. In addition to a prosthetics lab, Estonia’s new center also offers physical therapy as well as aquatic therapy.

WRNMMC prosthetist Louise Hassinger, involved in the collaboration, said she is also impressed by what the Estonians will now be able to provide. She explained how our prosthetists trained the two Estonian providers, who were committed to learning as much as possible

during their time at WRNMMC.

“We taught them fabrication skills (how to assemble a prosthesis), and how to assess patient needs,” she said. “They were very dedicated.”

Though they came to WRNMMC with a great skill set, they “improved dramatically” while they were here, according to Dave Beachler, a WRNMMC prosthetist also involved in the effort.

The prosthetists agreed it was remarkable to see the Estonians’ improvement, and allow them to have the hands-on training from which they greatly benefited. They were able to observe our patient care, and enhance their ability to assess patient needs, as well as fitting prostheses, Beachler said.

“Just to watch their skill set progress was great to see,” Hassinger added. She said she was also proud of what they’ll now be able to do in Estonia.

“It was great to have them here,” Beachler said. Their mission was to learn how we do prosthetics, and they succeeded, he said.

The prosthetists also felt fortunate to be involved in this effort, and its global impact, they said. The new Estonian amputee center is the world-class facility in that area (Baltic States), Hassinger noted, and people in that area will want to emulate their facility. “That’s really a neat picture of how what we’re doing here not only impacts service [members], coming back from our conflicts, but how we are also impacting other countries,” she said.

SAFE

Continued from pg. 5

that patient will be minimal. Three teams of nurses and doctors will provide care. Each team will consist of five MICU nurses, one infectious disease physician, one critical care physician, and a few others as needed.

“These teams are being trained in proper PPE use,” she said.

Zajdowicz said the likelihood of a patient with possible EVD presenting at an outpatient clinic “is not very high.” She said if EVD is suspected in a patient who presents at the front desk of an outpatient clinic, staff should put a mask on the patient and place him or her in a private room, preferably a private lavatory, close the door and call the Infectious Disease physician on call.

“If a patient calls into the hospital and says they think they have EVD, take their name, refer them to the Emergency Department, and call the Emergency Department and let them know the patient’s name and that they should expect that person to arrive,” Zajdowicz said.

“Staff members who are caring for a suspected or confirmed EVD patient will be monitored by the Public Health Department,” Zajdowicz continued. Staff members should also self-monitor themselves, checking their temperatures twice daily.

“No leave, temporary assigned duty, or temporary duty will be allowed during this time, except in extraordinary circumstances,” Zajdowicz said. “In general, they will be asked not to leave the area.”

“We’ve only known about Ebola since 1976,” Zajdowicz said. She added the current Ebola outbreak is the larg-

est in recorded history, and involves the West Africa countries of Liberia, Guinea and Sierra Leone. “Nigeria and Senegal have contained their outbreaks.”

Zajdowicz added the Centers for Disease Control and Prevention (CDC) has issued a Level 3 Travel Advisory [for those affected countries], recommending against non-essential travel to those regions.

“We are leaning farther forward than any other military treatment facility [in Ebola preparedness operations],” Zajdowicz concluded.

Navy Cmdr. (Dr.) James Lawler, chief of the clinical research department of the bio-defense research directorate, Naval Medical Research Center, Fort Detrick, Md., said, “We’re really rewriting the textbook on Ebola Virus Disease, because we’ve seen so many more cases in this outbreak. I think we’ve tried to capture a lot of the lessons that have been learned from West Africa, and also from the repatriated patients who have been treated here in the United States. We’ve learned a lot about effective treatment and how important aggressive supportive care can be, and we’ve tried to impart those lessons to the team here.”

Lawler, an infectious disease specialist who has researched Ebola in laboratory settings and has worked in treatment centers in Africa as well as with the World Health Organization and Doctors Without Borders in the Ebola treatment unit in Guinea, added, “I think that there’s a better appreciation that aggressive supportive care can make a significant difference in outcome.”

For more information concerning EVD, visit the CDC website: <http://www.cdc.gov/vhf/ebola/>.

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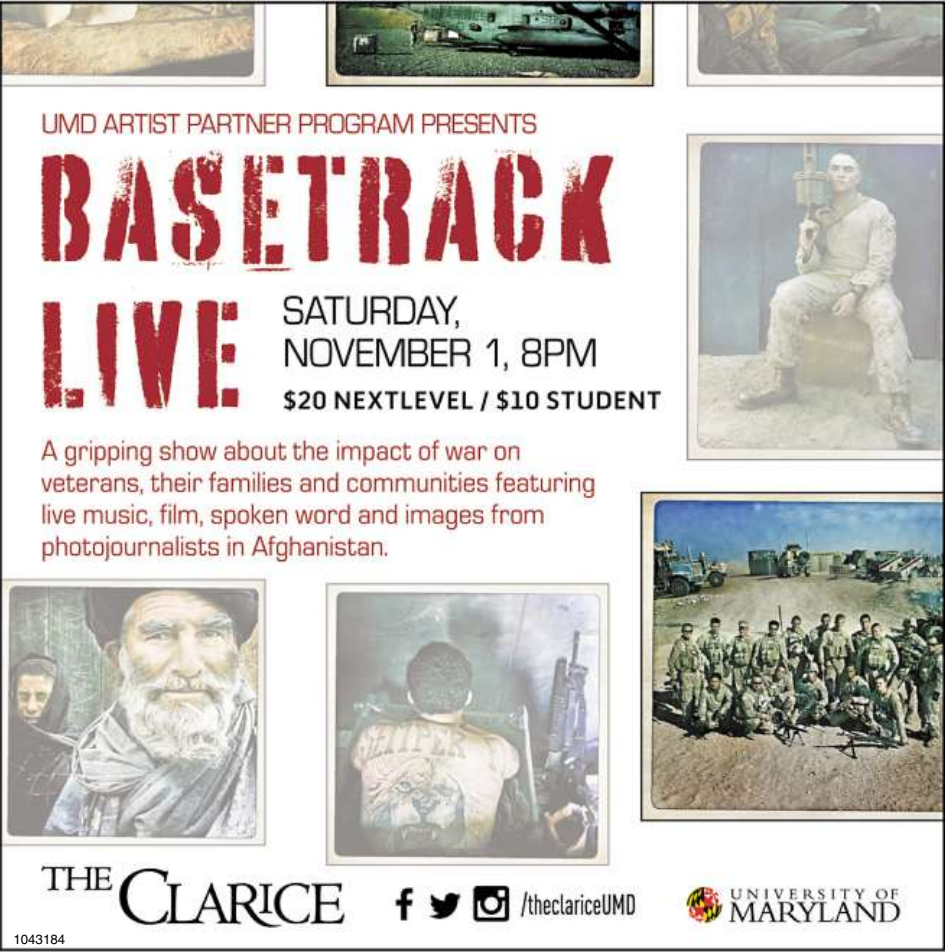
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